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SIR HENRY HALFORD.

SIR HENRY HALFORD was born at Leicester, in the year 1766, and in the month of October. The son of a physician, Dr. Vaughan, he may be said to have inherited his profession ; to which, by academical courses, performed at Rugby first, and afterwards at Christchurch, Oxford, he added the ornament of extensive classical acquirements ; the practical use of which Sir Henry was one of the few men of his day who understood. In 1794, after pursuing for some time his studies in Edinburgh, at that time the seat of medical education, he became M.D., settled in London, and shortly afterwards married into the noble family of St. John. Here was the root of his success ; the opportunity for proving his skill ; the power of *displaying himself*. Shortly after this, by the death of his mother's cousin, he became possessed of a fortune sufficient to uphold him suitably in that high rank his marriage had won for him. From this moment, Sir Henry Halford enjoyed an extensive practice in the highest circles ; and not many years after (1809), taking the name of Halford, from his maternal great-uncle, Sir Charles Halford, of Wistow, who left him his heir, he received the honor of a baronetcy from George III. This led to his appointment, along with Drs. Willis, Baillie and Heberden, to the attendance on His Majesty during his lunacy. He was so much all things to all men, that he had only to enter a circle to be its charm. Once in court, the court found it a necessity to have him. To some other peer, Sir Henry was alike indispensable. To the one he was such a charming, well-bred man ! to the other, so learned and gentlemanly a *savant*. Fascinations went with him, as light with the moon. More permanently : for to four successive monarchs has Sir Henry been physician. With a Wolsey's rise, he has had no Wolsey's fall.

The attendance on George III. forced on our classical baronet a study of lunacy, to which we are indebted for his beautiful essay on madness. Good sense, nice discrimination, elegant learning, mark this dissertation with the pervading characteristics of his style. He illustrates, by a very apt instance in his own experience, the test of madness laid down by Hamlet :

—Extasy ?

My pulse as yours doth temperately keep time,
And makes as healthful music. It is not madness
That I have uttered : bring me to the test,
And I the matter will re-word, which madness
Would gambol from.

Of Sir Henry's scientific qualifications it may be said, that they were neither of great extent, nor by any means so humble as some report. Our explanation of this may be gathered from the fact of his sudden exaltation into large practice, and that too amongst a class where disease is more of the fancy than of fact, and gives, therefore, less experience in the cases which are constantly calling on all the resources of the medical art, and forcing on the capacious mind large views in theory and bold results in practice. Reason, of a like kind, is, that Sir Henry Halford was never attached (if we except a very short connection with the Middlesex hospital) as medical officer to any of the public institutions. At his time, when pathology was comparatively little understood, such a service gave the only means of making its acquaintance, and was the grand and almost necessary step to high professional competency. Men of high standing, contemporaries of his, had here a great advantage over him—Babington, Baillie, Currie, Warren, Pearson, Chambers, Elliotson, each superior to him in their knowledge of the machinery with which they were dealing, and in that kind of skill, which would wisely suggest and daringly adopt for new exigencies—new and active modes of treatment. It is not, indeed, to be doubted that Sir Henry was no miracle of medical skill. He never dreamed of preceding his age. He was not one of your Elliotsons or Broussais, who, like American backwoods-men, clear away forests and lay down roads, though rough ones. His medical duties extended, at the fullest, but to Macadamizing the road Hippocrates opened. On some parts, even, he showed the most complete deficiency. It would be no great wonder, then, if Halford were not any miracle of medical science; on the contrary, he was known to be not. His diagnosis of diseases of the chest (and cardiac and pulmonic diseases are unhappily too frequent and destructive in our climate), was worth nothing. He has not left behind him a discovery, a new theory, or a considerable emendation of an old one. His *Essays*—admirable, intellectual, and founded in truth as they are, will serve his fame, infinitely sooner as a scholar or a philosopher than as a profound man of science. Yet, in spite of these evident deficiencies, this favored physician won "golden opinions from all sorts of people:" his approach was hailed, and truly, as the advent of health. He had the art to make patients believe in him as a superior man—to repose a blind confidence in him. He moved, and looked and smiled, and talked them into a creed of his ability. *He was a man*; and manhood, presented somewhat in its abstraction—shorn of its drawback of manner or weakness of nature—is a rarity in this world of ours, never exhibited save to win—to secure homage. His position of adviser and aid gave him an advantage, and he knew how to use it! He *was* the great man to the patient—as every physician is in the hour of danger—and he knew how to make the truth felt. This self-command—this self-apotheosis, if modestly conducted, is a wondrous quality for the surgeon or physician—and still more for his patient. Faith saves physically as well as morally—and to lull the trembling mind to ease, is to stay the heart's rapid pulsations, to allay the blood's fever, and to stop life in its quickening flight with strengthened wings

from the human tenement. The first, the second and the third high qualification of an orator is action; the first, second and third qualification of a physician is the power of acquiring a proper confidence.

The generality of medical men attach too exclusive an importance to the efficiency of the mere drug. They deal with people as if there were nothing psychical in them. If their diagnosis be correct, they write their prescriptions, and there is a stop to their operations. As we get higher, we find that besides the grains and scruples of this and that drug, men are equally anxious for the care of the mind. If part of the frame be diseased, there is no reason why the whole should not combine against the enemy. This centralization of forces—this use of all the powers at his command, is the highest duty and accomplishment of the physician; and for the simple reason, that it is infinitely the hardest. It was here that Sir Henry Halford exhibited merit that was not overpaid, even by the fullest extent of his success. For, first of all, he addressed himself to the confidence of his patient, by a perfect self-possession, never tinged with the least shade of doubt or despondency. Then he won his heart by lending ear to his detail of all he suffered; pains on this side, and pains here and there; and how painful, and when most painful; together with an interesting history of this very complaint, in connection with his whole family, and how many had died, of it, and so on. During this tedious rehearsal, Sir Henry remained listening, without impatience, not even as one bound to hear, but as if the matters dilated upon were really of importance. Courteous and gentle in his manners, and particularly indulgent to the garrulity of his patients, what wonder if he gained an influence over their sympathies, an authority by which, being possessed of an infinite knowledge of human nature, he was able to sway the disposition of his patient into a happy and healthful mood, at all times half the battle. A high testimony has been recorded in that fact, that many of his patients have been heard to declare, "they would as soon die in his hands, as recover under others they could name." We can believe this saying, without quite believing the sayers. He was the most magnificent placebo doctor of his age. He paid wonderful attention to the palate in drug and diet, passing each through an endless round of variety, and the whole pharmacopœia was exhausted by him to make it not give the sense of pain. Then he conversed on religion, like an Apostle John; on questions of philosophy, like a Plato; on the beauties of the classics, like an Erasmus; and on matters that make up the poetry of life and are indeed the only interests in life that are left to a man in sickness, he was all that the patient's utmost fancy could paint to him as the *beau idéal* of perfection. Desdemona once prayed that Heaven would make her such a man as that Othello's tales presented to the optics of her glowing imagination. Halford went about realizing to each their own picture of a perfect physician. He even saved them a prayer.

In person, Sir Henry Halford was below the middle size. His face not remarkable for beauty, but singular in the keenness of its look; the searching glance of his eye; the white head and black and bushy eyebrows. He wore upon occasions a blue collar, with the Guelphic order,

and the star on his breast. A phrenologist would have found in him a strong instance of the truth of his science. The perceptive organs very large; caution sufficient, while love of approbation and acquisitiveness were enormous. Altogether the discerning eye saw in him a timid but a distinguished man. There was marked in his face a wonderful power of accommodation to circumstances; the facility of being pleased and pleasing being the quality expressed with greatest strength in his very speaking countenance. He was born for a Court. His very corporeal littleness seemed to say, I will not occupy too much space before my betters to secure dislike, or before my equals to win jealousy. And when laden with honors, be it said to his credit, he bore them with modesty. Few men so successful in life have been so fortunate in escaping enemies. He owed this to a certain negative quality in his disposition. His very literature and scientific knowledge were of a negative kind. His reading reminiscences supported, did not make theories—his experience illustrated, did not create systems. He verbally served everybody he met, and by that art of vassalage made himself the sovereign of their real affections. He ruled like a clever wife by obeying. Like the proudest of the Roman Pontiffs, he ruled despotically as the servant of servants.

We cite a noble instance of Halford's independence and reliance on his own talents and position. He was attending once an old servant of the family who was residing at some little distance from town. One night the symptoms of his disease became more alarming, and the baronet was sent for in haste. When the messenger arrived, Halford had just been sent for to attend the Duke of ———, who had been seized with an attack of an old complaint. The answer he gave to the Duke's servant was this, "I have to go to Bromley, to visit an old servant of mine, who is dangerously ill; I will do myself the honor of waiting upon his highness the moment I return." This says much for his manliness. Such a man could scarcely have been the servile flatterer many have so studiously made him. We can believe readily that he was not the most straight-forward of men. It would indeed be a great mistake, which would suppose him formed in the mould of a Brutus, or an Andrew Marvell, much less in that of a man who can't be honest without making his virtue a distress and a bore to all that know him. Had he been so, the journals some twenty years ago would have announced his decease as that of Henry Vaughan, "a poor but respectable practitioner, lately residing in Drury lane or Broad street, St. Giles's, and leaving a large family unprovided for to deplore his loss." Sir Henry was a "ladybird" among men, a class the most successful among both men and women known to our humble experience. With the polish of the mirror he had its want of depth, and like it he reflected everything but himself. What a pretty anecdote is that which represents him, by a mistake in the superscriptions, on the same day condoling with the Conservative Lord Westmoreland, and congratulating with the Liberal Lord Tavistock, on the defeat of the Reform Bill! God's creatures were much more to him than man's, when for their personal regard he can express, practically, so utter a disregard of all a Legislature makes such a fuss about. We can *half* admire him

in the midst of this. It was the physician, not the man, that spoke. It was not a hypocrisy, but a good-humored condescension to men less than himself; much of the like character as his attention to the garrulous history of his patients' pain, or perhaps a desire to see with what small matters it was possible to sway the self-prided nobility of England.

Sir Henry died on the 9th of March last, at his house in Curzon street. Long before his death the state of his health had caused among his friends great anxiety. The two extremities in his left side suffered from a nervous affection, frequently recurring, and finally the pains assumed the form of *tic douloureux*, only yielding to powerful narcotics. Despite the cares of Drs. Seymour and Hawkins, the constitution gradually broke up, and exhaustion, the most complete, soothed for him the road to death. He took the degree of A.B. in 1787; M.A. in 1789; M.B. in 1790; and M.D. in 1794, when he was also elected a Fellow of the College of Physicians. He had consequently been in the profession nearly half a century, twenty-three years of which he had filled the high office of President of the Royal College of Physicians.

In now leaving the subject of our sketch to the keeping of the fame his own deeds have created for him, we will not disguise our opinion that it will be of no high or very durable character. Though filling so large a space of the public's eye for nearly forty years, he was so much the man of his own day—perhaps the secret of his success—that posterity will not find it worth their while to perpetuate very carefully his remembrance. He had undoubtedly high abilities; but, in his use of them, he looked more to his own enjoyments from them than for any chivalrous advantage to a future time or people. He was only so far a man of science as harmonized with his being a perfect man of the world. His medical skill and successes therefore were more the result of his natural powers of apprehension and extended experience, than any deep acquaintances with the principles of his profession. Chemistry, botany, general and pathological anatomy, therapeutics, or the new aids forced on the profession by the aid of mechanical science, these were things that rarely robbed him of the enjoyment of an hour's sleep—or good society. His strength lay in prognosis and diagnosis: aided by these and the resources of superior tact, he won and deserved a confidence rarely enjoyed by men eminent in medical science. He had a marvellous apprehension of disease.

One instance procured him much of his renown in courtly circles. Visiting a royal duke on business that affected the insane king, he detected at a glance measles, although the duke's slight indisposition had been but a minute before pronounced catarrh. The appearance, course and termination of the malady were foretold. The prophecy was realized, and Sir Henry of course not a little honored. He had a wonderful cleverness of courtiership by the sick bed. He would own that a pained child labored under scarlatina, but "scarlet fever" is what he would never have pronounced to the mother. Under his charitable use of our mother tongue, the mild "embarrassment of breathing" substituted the ominous and hacknied "difficulty of breathing;" the genteel "influenza"

replaced the feared catarrh; and so on in instances more than we can name. This gentleness of nomenclature was accompanied by equal gentleness of prescription. Medicines in his hands were always on their good behavior. Patients got well under Sir Henry at less expense to the palate than under any physician that ever preceded him. He had wonderful skill in the use of placebos, and was fond of their use in his practice. With Aken-side he might say:

Me they sent
To wait on pain and silent arts to urge,
Inglorious not ignoble; if my cares
To such as languish on a grievous bed,
Ease and the secret forgetfulness of ill
Conciliate.

Altogether viewing him in his civil, as well as his medical, character, we may say of him what Tacitus said of Agricola, and Sir Henry himself said of Baillie:

"Bonum virum facile crederes; magnum libenter."

Abridged from London Medical Times.

HISTORY OF A CASE OF GANGRENE OF THE LUNGS.

By C. A. Pope, M.D., Professor, &c.

H— M—, ætat. forty, a native of Ireland, has lived seventeen years in this country, during which period he has never been sick, nor does he recollect to have ever been much so at any previous time. He has worked as a blacksmith for thirty years. His habits are intemperate. Had a slight cough through last summer, but did not become uneasy about it, until February last; it came on generally at night, suffering very little through the day, with no expectoration, until March, which was small in quantity, and of a white tough character, gradually assuming a bad odor, and continuing to increase in fœtidity. Has never complained of pain, nor spit blood until his entrance; amounting in all to about ten ounces, the hæmoptysis continuing for three days. Previous to going into the hospital, he took some oil and calomel, and, this excepted, he had no other treatment.

April 18.—Pulse 96, small and feeble: respiration, *anteriorly*, on *left* side, vesicular; on *right* side, under clavicle, cavernous; *posteriorly*, *left* side, vesicular throughout; on *right* side, feeble, with mucous ronchus; upper third bronchial respiration, with crackling; inferiorly vesicular, but feeble. Percussion on left side nearly natural; on right side, anteriorly, flat over upper half, dull below; posteriorly, the same; gangrenous expectoration continuing, mixed with blood.

19.—Patient walking about; cough less frequent; skin cool; no sweating; tongue natural; expectoration brownish, and still mixed with blood; fœtid; respiration obscurely cavernous, with slight gurgling and pectoriloquy under right clavicle; pulsation of heart stronger.

20.—No appreciable change either in the symptoms or physical signs.

22.—The odor of the breath extraordinary and disgusting; expectoration consists nearly of blood, dark colored, fœtid, eight ounces in twenty-

four hours; skin moist, warm, sweating; pulse 108, soft, regular, rather feeble; respiration 35; no alteration of signs.

24.—Expectoration remarkably increased in *fœtor* and quantity, nearly sixteen ounces; this morning admixture of blood; skin pale and sallow; slight *œdema*; appetite not lost.

29.—Stronger; skin less pale; temperature natural; pulse 100, feeble, but regular; cough severe during yesterday, less so this morning; expectoration still excessively offensive, being a reddish mixture of serum and blood, and part of a thicker muco-purulent matter, less in quantity and of a lighter color; *fœtor* of breath rather less; respiration 38, more easy; gurgling under right clavicle less liquid; amphoric respiration tolerably extensive, of a deep tone posteriorly and anteriorly.

May 6.—Symptoms have gradually decreased until present date; color more natural; no *œdema*; strength increased; *fœtor* of breath and expectoration increased after coughing, which is loose and paroxysmal; three stools daily; expectoration five ounces muco-purulent matter; pulse 100, soft, regular; respiration 38, sonorous *ronchus*; amphoric respiration less loud.

8.—Strength gradually improving; expectoration same; signs unaltered.

The treatment throughout this case has consisted in the exhibition of expectorants, astringents, antiseptics, tonics and revulsives, so timed as to meet indications as they arose. Sugar of lead, with opium, to stop the spitting of blood; chloride of sodium, to check putrescence; and the sulph. quin. and arom. sulph. acid, to support the strength of the patient, that nature might accomplish the necessary changes effective of a cure.

It is said, that the mortality of this disease is in part to be attributed to the absorption of a portion of the septic poison. Whether this be so or not, experience shows, that the only remedies which seem to give relief are those calculated to act as antiseptics. Gangrene of the lung often occurs endemially; this case, however, seems to be solitary.

On the 28th of April the expectoration commenced to lose some of its excessive *fœtidity*, pathognomonic of this disease, and to assume that muco-puruloid character which is to be regarded as a most favorable circumstance, since it is indicative of an effort at circumscription, which, of course, is the only cure.

It will be seen, that the signs yielded by percussion and auscultation have been what we had a right to expect. Those resulting from percussion, however, are comparatively unimportant, as the resonance is generally but little altered in idiopathic gangrene. There nevertheless existed some flatness over the upper half, and dulness over the lower half of the right lung.

Towards the commencement, we had mucous *ronchus*, which, as the tissue of the lung became softened, was replaced by a loud, distinct, and constant gurgling. According as the pultaceous and liquid contents of the cavity were thrown off, amphoric respiration succeeded, which, reaching a well-marked tone, was itself displaced by the cavernous,* as the walls of

* The cavernous respiration in gangrene is not so perfect as in phthisis. In the former, the tissue of the lung surrounding the cavity is unlike the hard thickened substance in the same situation in phthisis, and, of course, is by no means so good a conductor or reflector of sound.

cavity contracted. After his paroxysms of coughing, the sputa are still foetid; this secretion probably comes from that portion of the lung immediately surrounding the cavity, and will require some time for its entire elimination. Should he recover, there may be danger of consecutive pleurisy affecting the sound side; his respiration will not regain its original strength, and from his dissipated habits he may yet die of some pulmonary affection consequent on his present complaint—an idiopathic, circumscribed gangrene of the right lung.

At present, he seems to be regaining his natural color and strength slowly, and probably may add another instance to show that this formidable disease is not so fatal as was once supposed.

Died on May 31st. A large cavity, very sinuous, occupied the summit, front, and side of the right lung. It was flattened, and quite completely cicatrized. *Gangrene had commenced at upper portion of left lung.* No tubercles in either lung.—*St. Louis Med. and Surg. Journal.*

TOBACCO IN HYSTERIA AND SPASMODIC STRICTURE OF THE URETHRA.

By Wm. B. Diver, M.D., of Cincinnati.

In the American Journal of Medical Science, April, 1842, is recorded a case of hysteria cured by tobacco. On reference to my note-book, I found recorded, Philadelphia, Dec. 9th, 1841, a case of hysteria, in which tobacco was used with the most prompt and beneficial effects. The patient was a servant in a highly respectable family in Philadelphia.

I was called to see her, at first, in a very distressing condition from having swallowed a number of large pins, which I succeeded, after a great deal of trouble, in removing from the œsophagus with Dr. Bond's admirable gullet forceps.

Several weeks after the occurrence of this accident, I was again called to see her in violent hysterical convulsions. The spasmodic contractions were so strong as to require the united efforts of four powerful adults to prevent her being injured. The eyes were forcibly drawn towards the inner canthus, so as to present a case of double squinting. The pupils were contracted to a small point, and the iris was insensible to a brilliant light. The tongue was frequently protruded between the teeth, and severely wounded.

After considerable trouble I succeeded in opening a vein in the arm, and abstracted about sixteen ounces of blood. This was followed by a temporary cessation of the convulsive throes, which, however, returned with increased violence, so that the patient was almost entirely unmanageable.

To prevent further injury of the tongue, and to facilitate the administration of medicine, a cork enveloped in the end of a towel was held between the teeth. Large doses of tinct. opii and tinct. assafoetid. were administered, and attended with but transient effects; the convulsions were

returning again with increased violence. In this stage of the case, finding the ordinary antispasmodics unavailing, I thought of using tobacco. I accordingly ordered a poultice of strong Scotch snuff to be applied warm to the epigastrium. Very soon after this application was made, the spasms began to decrease in frequency and violence, the countenance to assume a natural appearance, and, after six hours of intense suffering, the patient became quiet and rational.

Several months elapsed before there was any return of the symptoms; then, however, the patient was removed from my observation, and treated with the ordinary remedies.

The utility of tobacco in *Spasmodic Stricture of the Urethra*, was forcibly exemplified in a case, several years before the one just related, occurred.

H. E., a respectable mechanic in Philadelphia, after indulging in venereal excess, found himself unable to void his urine. In the course of twenty-four hours the bladder became distended, presenting the elastic tumor above the pubis, which is so characteristic of this condition of things.

After ineffectual attempts to force the stricture with a gum-elastic catheter, and in the absence of a silver one, I applied wet tobacco leaves to the inguinal and femoral regions, with the most satisfactory result. The patient soon began to exhibit the peculiar effects of tobacco on the system; and in a little while the spasm became relaxed, the contents of the distended viscus discharged, and the sufferer relieved.

In order to prevent a recurrence of the symptoms, a catheter was introduced and secured in the bladder by an appropriate bandage.

If any apology is due for bringing these cases before the profession, it may be found in the maxim, "*Palmar qui meruit ferat.*"—*Western Lancet*.

SUCCESSFUL REMOVAL OF A LARGE OVARIAN TUMOR.

By Dr. Frederic Bird, Lecturer on Medical Jurisprudence at Westminster Hospital, &c.

[THE patient, Mrs. ———, was 35 years of age—had never borne children—catamenia irregular for the last ten years—believes abortion once took place. Six years ago, after sudden exertion, was attacked with acute pain in right side of abdomen, where a distinct swelling made its appearance. General health not impaired till beginning of last year, when abdomen also began to enlarge. We copy from the London Medical Gazette Dr. Bird's account of the operation, but must omit his report of the after-treatment, and most of his remarks.]

From the consideration of the symptoms presented, there was no difficulty in concurring in the opinion formerly expressed as to the ovarian seat of the disease; and it was obvious that, unless relief were speedily afforded, life could not long continue. Under these circumstances, I suggested the operation for extirpation as the most advisable remedial means

sure ; the attendant dangers, and probabilities of success and failure, being at the same time fully explained to the patient by Mr. Thomson and myself. Before deciding upon the performance of an operation, subsequent consultations were held, when she had the advantage of the opinions of Dr. Locock and Dr. Hamilton Roe, both of whom accorded in the view previously afforded, and gave their sanction to the measures proposed for her relief.

Twelve days now elapsed, during which time the abdomen increased in circumference two inches, and the general symptoms were becoming more urgent ; the diarrhoea was, however, arrested, and no longer presented any obstacle to the operation.

January 28th.—The operation was to-day performed, in the presence of Dr. Locock, Dr. Hamilton Roe, Dr. Merriman, Dr. Andrews, Dr. Hodgkin, Mr. Bransby Cooper, Mr. B. Phillips, Mr. Hale Thomson, Mr. Tomes, and Mr. Parrott, of Clapham. The same preliminary measures having been employed as in my former operations, the patient was placed transversely on the bed, with the feet supported over its side to a convenient height. It was now remarked that the tumor projected more at the left than right iliac region ; the sense of fluctuation being as distinct at this as in other parts. A roller was applied around the lower part of the chest, with a view of subsequently affording the support to the diaphragm which would be lost by the removal of the tumor ; I then made an exploratory incision, about two inches long, in the course of the linea alba, and a little below the umbilicus. The tumor was, at this point, closely adherent, and its parietes very thin ; so that, in opening the peritoneum, the cyst was also punctured : a dark-colored, firm, but small gelatinous mass, jetted out, and so completely filled up and concealed the aperture, that it appeared as if some secondary growth had formed on the exterior of the tumor. The incision was then enlarged to about four and a half or five inches towards the pubis, the adhesions having been ascertained to be short and general, but yielding to moderate pressure ; and it appeared at least very probable that they might be removed without difficulty. Dr. Locock, who also examined them, readily and fully confirmed in this opinion ; and I then cautiously separated the attachments in the immediate neighborhood of the wound, and was thus enabled to introduce the flat hand between the abdominal walls and the surface of the tumor : by gentle pressure, the adhesions, which were present over the entire anterior surface of the cyst, were detached, and, excepting in one or two points, with but little difficulty. It was necessary to introduce the opposite hand in order to separate the adhesions on the right side, on which they extended lower than on the left. The great advantage of an incision of moderate size was at this stage of the operation especially observed : the greater part of the abdominal parietes still preserving their tense condition, and the subjacent tumor being as yet undiminished, the adhesions, by the introduction of the hand, became extended, and thus more readily gave way before its pressure. A free incision was next made into the tumor, the edges of which were kept in apposition with those of the external wound, and is bulk much reduced by the withdrawal of a consi-

derable portion of its contents. A firm grasp of the cyst was then made by forceps constructed for that purpose, the abdominal incision elongated to about three inches, and the tumor, in a partially collapsed state, very gently withdrawn from the abdominal cavity, the lips of the incision being most accurately and promptly closed by Mr. Phillips. The pedicle was next secured by three ligatures made to encircle different portions: it was then cut through, and, its vessels having been found effectually secured, returned into the abdomen. The wound was closed by several interrupted sutures, the ends of the ligatures secured, cold water dressing lightly applied, a thin roller of linen drawn once around the addomen, and the patient moved, by means of a doubled sheet previously placed beneath her, to a more comfortable position in bed.

Scarcely an expression of suffering was uttered by the patient, who, possessed of much moral courage, bore the operation with admirable fortitude. The pulse, at its completion, was observed by Dr. Locock to be 94, marking an acceleration of only four beats.

March 2d.—It is needless to relate the subsequent reports, and it will suffice to record that convalescence has proceeded rapidly, and without interruption, to the complete restoration of health. The ligatures were removed on the twenty-sixth day after the operation; the wound has quite healed, and, from the contraction that has taken place in the abdominal walls, its cicatrix does not measure more than one half its original length. The whole appearance of the abdomen is natural, there being no longer any flaccidity of its walls, or corrugation of integument in the neighborhood of the wound. Under the use of a generous diet, strength has quickly returned. She has for more than a week quitted her room, and has taken long rides in the Park. The bowels act regularly, and the secretions are healthy. The catamenia, previously irregular, and invariably accompanied by dysmenorrhœa, have been twice present since the operation, normal in character, and unassociated with any of her former suffering, and she is now, in all respects, perfectly well.

The circumference of the abdomen before the operation was forty-two inches; after the operation, twenty-four inches. From ensiform cartilage to pubis, before operation, sixteen and a half inches; afterwards, eleven inches.

Description of the Tumor.—The total weight of the tumor was thirty-five pounds; it was of an ovoid form, presenting a marked projection at the part corresponding to the left iliac region, where, also, the cyst was very thin. The external surface was anteriorly covered by layers of false membrane, varying in density and strength; in some parts thin and easily lacerable, in others more tough, and of considerable thickness. Small vessels, in great number, ramified throughout the surface, but arteries of rather large size traversed the interior, more abundantly supplying the pelvic portion of the tumor. The pedicle consisted of the right Fallopian tube and broad ligament, and contained one large and two smaller arteries. The secretion contained within the cyst presented a peculiar character.

STRUCTURE AND DISEASES OF THE EYE.

[We continue our extracts from Dr. W. C. Wallace's Lecture on this important subject.]

I shall now relate a few practical examples of the importance of understanding the structure of the organ.

1. Instead of opening the temporal artery at the proper place, it is often opened after the branch which supplies the eyelids has been given off, so that when the vessel is tied, an additional quantity of blood is forced upon the already inflamed and irritated organ.

2. As the vessels of the iris have no communication with those which proceed from the surface, local bleeding is of little or no advantage in inflammation of this membrane, while decided benefit is obtained by free general bleeding. It was an emphatic saying of the late Dr. Montearth, that one might as well drop water upon an eye affected with iritis, as apply cups or leeches.

3. The greatest anatomical discovery ever achieved, was that of the separate series of nerves by Sir Charles Bell. By the information we have thus obtained, we understand that there are distinct nerves for motion as well as for sensation, and that for correct sensation it is necessary that the particular organ be properly adjusted by the influence of a nerve of motion. We have occasion to witness the importance of this doctrine in the treatment of diseases of the eye. A person receives a blow with a stone, over the supra or infra orbital nerve; the wound cicatrizes, but vision fails. He undergoes emeses, catharses, vesication, venesection, and every other torment that can be invented, without the least improvement. The cause of the disease is ultimately recognized; the cicatrix, containing, perhaps, a foreign body, is dissected out, the irritating pressure on the nerve is removed, and the patient receives his sight. As some of the branches of the fifth pair of nerves, which is the principal adjuster of the eye, are ramified on the conjunctiva, whatever irritates the extremities of the nerve will as a matter of course irritate the root—the other branches will be affected, and the functions of the sentient organs which they supply, will be impeded. Diseased conjunctiva is an occasional cause of amblyopia, and without attending to the cause, all the strychnine, veratrine, aconitine or delphine in the world, will not remove the disease.

4. Those engaged in ophthalmic practice have frequent opportunities of witnessing that the simple operation of introducing the style for fistula lachrymalis can be performed by few general practitioners. When the style slips out, the patient may go to a number of physicians, who after causing a world of suffering, are obliged to give up the attempt. From the idea that the tears pass to the nostril, the point of the style is pushed inward and pressed against the bone, whereas it seems to be forgotten that the nostrils expand as they recede, and that the true direction of the duct is outward, backward and downward. When the operator knows what he is about, the instrument may be introduced at once and with ease.

5. The operation for strabismus is often unsuccessful from not having

been performed at all. I have often operated where not a single fibre of the muscle or of the tendon had been divided by a former operator, who put the patient to much unnecessary suffering.

6. It is said that more practice is required for the operation for the extraction of cataract, than for any other operation in surgery. On being complimented for his dexterity, the celebrated De Wenzel acknowledged that he had lost a hatfull of eyes before he had learned to extract. In an operation of such moment, where the consequences are light, with all its enjoyments, or perpetual darkness, with its accompanying horrors, the utmost precaution should be used. As if some very extraordinary feat had been accomplished, it is not uncommon, on completing the section of the cornea, to see the knife removed with a flourish, which seals the doom of a fellow being forever, and compels him to pass the remainder of his life in hopeless blindness. The section of the cornea should be made slowly, and unostentatiously, for by suddenly removing the resistance of the investing tunics, the muscles rapidly contract and force out a considerable portion of the contents of the eyeball.

7. When introducing the needle through the sclerotica for the division or depression of cataract, we must observe the course of the ciliary arteries and the termination of the retina. If, as I have witnessed in one case, the needle be introduced too far forward, a vessel may be wounded, the eye may be filled with blood, and may be destroyed; whereas the retina will be injured, and amaurosis probably ensue, if the needle be introduced too far backward.

8. A very simple plan of operating for cataract, consists in introducing a fine sewing needle, through the cornea and pupil, and scraping off the anterior capsule from the lens, which is thus exposed to the action of the aqueous humor, and ultimately absorbed. Yet this operation, simple as it is, is not without its dangers. Without the utmost care the lens will be dislocated. If the needle be passed too far into the body of the cataract, the latter will follow the instrument when withdrawn, and severe iritis, or even retinitis, with total loss of the use of the organ, may be the result.

9. The operations for artificial pupil are often unsuccessful when performed without a proper course of training. Separation of the iris from the ciliary body, seldom succeeds, because the artificial opening becomes filled with adventitious deposition. The operation by incision, either with the scissors or knife, will be of no advantage if proper regard is not paid to the direction of the elastic parenchyma of the iris, or muscular fibres, if you please to call the structure by this name. Excision may fail, if, before cutting off the intended piece of the iris, you are rash in evacuating that portion of the aqueous humor which pushes out and makes the membrane a kind of pouch. The pouch may be easily and cleanly cut off, but if punctured with a hook, the sides will collapse and the excision of the intended portion will be difficult.

In operations upon the eye we hear a great deal about a steady hand. Now almost any person, with a hand which is not paralyzed by the use of tobacco, spirituous liquors or other narcotics, may by attention and practice make his hand as steady as required. It is the business of

every mechanic to fix the material on which he is at work. To keep the pencil from running away, or doing that which is not intended, the painter uses a small stick. Even in writing, we steady the hand by leaning on some part of the forearm and resting on the little finger; and if that is not sufficient, we support it with the other hand. The failures I have seen have sometimes arisen from this source; whereas in neat and successful operations, perhaps without being aware of the fact, the operator has rested some part of his forearm and his external finger or fingers on the neighboring parts; the fingers of the other hand being engaged in steadying the organ. In the simple operation of syringing a lachrymal fistula, the patient will be saved from the pain arising from the shaking of the point of the instrument, by resting the little finger on the nose, and steadying the head and the skin which is about the opening with the other hand.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 1, 1844.

Cyclopedia of Practical Medicine.—This is a production of great merit, edited by John Forbes, M.D., Alexander Tweedie, M.D. and John Conolly, M.D. Messrs. Lea & Blanchard, of Philadelphia, gentlemen well known to the profession, have decided to issue an American edition, revised, with additions by Dr. Dunglison, of the Jefferson Medical College. Its character, therefore, must necessarily be of the highest order. It is to appear in twenty-four parts, at fifty cents only each; forming, when completed, four large super-royal octavo volumes, embracing over 3000 unusually large pages, in double columns. Messrs. Ticknor & Co., Washington street, medical booksellers, will receive subscriptions in Boston.

When it is considered that this great work will embrace three hundred original essays, from sources of the highest authority, we cannot but hope that our medical friends will offer all the requisite encouragement to the publishers. No. I. treats of the exploration of the abdomen; abortion, abscess, abstinence, achor, acne, acupuncture, age, change of air, alopecia, alteratives, amaurosis, amenorrhœa, anæmia, anasarca, angina pectoris, anodynes, anthelmintics, antiphlogistic regimen, antispasmodics, aorta, aphonia, apht hæ and apoplexy.

Diseases of the Chest.—Messrs. Haswell & Barrington, Philadelphia, have just issued a second octavo edition of a good and well-established book, viz., *A Treatise on the Diagnosis and Treatment of Diseases of the Chest—diseases of the Lung and Windpipe, by William Stokes, M.D., &c., with an introduction and numerous notes, by an American Editor.* So well known are the writings of Dr. Stokes, that no effort of the medical press in this country is necessary to increase their circulation. Young practitioners would find this volume a pathological guide, which they

would be unwilling to part with, when made familiar with its intrinsic value. It may be had of Messrs. Tappan & Dennet, in this city.

New York Hospital.—No board of control publishes a more complete annual report, than the Directors of the New York Hospital. During 1843, 1902 patients were received, which, added to 193 on hand at the close of 1842, made a grand total of 2100 persons who received the benefits of the institution the past year. Of this great company, 1239 were cured, 133 relieved, 215 discharged on their own request, 44 discharged as improper objects, 71 went or were sent away, and only 170 died. When the present year commenced, 228 patients were still on hand.

The Hospital's receipts in 1843 were as follows, viz.: from the State, in form of annuity, \$12,500; board of seamen, \$16,159 29; board of patients, \$5,248 15; articles sold, \$233 06; tickets sold to students, \$309; and subscriptions, \$40 00; making \$34,979 50. Expenditures, \$32,271 31, being less than the income by \$2,708 19.

Bloomingdale Lunatic Asylum.—In connection with the Hospital report, is that of the Bloomingdale Asylum, to which Dr. Pliny Earle was recently appointed. In 1843, 195 insane patients were under treatment; of whom 49 were restored, 23 discharged much improved, 7 taken away by friends, 2 eloped, 14 died, and 100 remained to commence the year 1844. The entire income of the Asylum, the past year, was \$35,903 49, and its outgoes \$33,127 46—making an excess of receipts over expenditures of \$2,776 03. It is truly encouraging that neither department is in debt, and both have spare funds to meet any emergency. Dr. Wilson, the late Medical Superintendent, made a short report, which must have been a gratifying document to the committee and patrons in general. He states that the proportion of recoveries to admissions, was, in recent cases, 77 per cent.; and in old cases, 32 per cent. The erection of suitable workshops is recommended, together with increased facilities for amusement, which will, doubtless, receive immediate attention. On the whole, the Asylum sustains a reputation that a home for the insane should have in the great city of New York, and we congratulate the friends of humanity there in having Dr. Earle at the head of it.

Hitzig's Journal of Criminal Affairs.—Those who are curious in such matters as foreign jurisprudence, find an abundant quantum of novelty and excitement in Hitzig's Journal von criminal Sachen—a German periodical. Some very striking details are occasionally found in it, relating to malpractice and the abuse of medical knowledge. Writers on medical jurisprudence in this country appear not to have availed themselves of the important collection of trials, examinations, &c., for precedents and authority, which that publication presents. The legal profession, in some of the cities in the United States, have made an early acquaintance with this Journal, but medical men have too long neglected it. In order to make it particularly serviceable for those in search of rare cases, and extraordinary things, which are no where more numerous or strange than in the criminal courts of Germany, they should possess

themselves of the back numbers for about ten years. Should that meritorious periodical, the Law Reporter, of this city, give an occasional article from Hitzig, it would be read with eagerness. It is possible we may introduce a few translations by-and-by, merely to show the character of the work, and also to illustrate the doings of individuals who are now figuring profitably on our own shores.

Illinois Medical Journal.—A monthly, of sixteen octavo pages, has appeared at Chicago, under the editorial conduct of James V. Z. Blaney, M.D., one of the faculty of the newly-organized school of medicine, of that city. The enterprise should receive the countenance and support of the physicians of the far West. Instead of seeing its pages filled to any great extent from the English journals, we should prize it exceedingly were the articles gathered in the broad field of Michigan, Indiana, Wisconsin and Iowa—from whence a vast amount of useful, new and important information might be collected. Dr. Blaney has our cordial good wishes for his success in the laborious undertaking of conducting a Journal.

Progress of Thomsonism.—On the 29th page of the Botanico-Medical Recorder, is a communication from one H. Sheddon, dated at Coventry, R. I., which is entirely a unique production in several respects. He speaks of himself as being located at Coventry, as a "Thomsonian physician." And further, in speaking of the people of that quarter, he says, "they begin to think that when people die, it is not always the Lord's will, but the doctor's poison. These poisoners have done everything that is dishonorable, low and mean, to stop the progress of Thomsonism in Coventry." No wonder some have risen up in their strength to withstand the tidal wave of such concentrated ignorance and presumption as mark the character of this correspondent's production. But it is chiefly in his poetical light that this man of Coventry is to be noted. With a boldness that brooks no control, and a fervency such as poets feel in moments of ideal exaltation, Dr. Sheddon thus exclaims:

"But after all their foul abuse,
The people love Lobelia juice;
Steam and powders is the cry,
Let us have these, or we die."

He adds—"The first two years of my living in this place, I did not receive one hundred dollars." The wonder to us is, how he ever received anything.

Seton Needle.—Dr. Smilie, whose ingenuity in devising surgical apparatus has frequently been alluded to of late, with much satisfaction, has produced also, an ingenious needle for rowelling. It is like the old instrument at the point, but has an eye for carrying the tape towards the point, instead being, as usual, at the stump extremity. It has a handle, by which the lancet-shape blade is forced through a fold of the skin—and the thread being taken hold of by the fingers, the needle is withdrawn. We invite for it the inspection of the profession.

Phelps's Abdominal Supporter.—Mr. Phelps, the well-known surgical instrument maker in Court street, Boston, has completed a supporter, which even those who have most interest in other contrivances admit to be a superior article. In the first place, the front pad really lifts upward, and the peculiar curve of the springs over the hips, unlike any other, maintains a perpetual action in that direction, instead of a horizontal one, so common, and which is objectionable in all cases. Medical gentlemen should give this invention a thorough examination, since mechanical aid is not to be overlooked in the practice of medicine.

Disgraceful Advertisements.—No better evidence of the corruption of the times and the boldness of those who live by imposition, and even crime, could be adduced, than many of the advertisements in this and all the great Atlantic cities. The advertisers seem utterly shameless, besides being thoroughly unprincipled. These shocking specimens of ingenious corruption, under the guise of Samaritan efforts for suffering humanity, are a disgrace to the newspapers, the medium through which the concentrated vileness of a mighty host of depredators on health obtains an introduction to the ignorant community. Look at the advertiser's description of the *Portuguese Female Pills*.—"The combination of ingredients of which these pills are composed, have made them the wonder and admiration of the world." "They must not be used during pregnancy, for though always mild, safe and healthy, they are certain to produce miscarriage, if used during that period." This false caution creates a positive demand for them for the most wicked purposes. And so of a multitude of others which we have neither time nor patience further to allude to. These advertisements are admitted into papers which circulate in families and lie on parlor tables, and the mischief which is done in various ways through their means is incalculable.

Intemperate Physicians.—Happily for society, the old race of tipling physicians has gone out of fashion. Formerly it was one of the common reproaches brought against the profession, that many of the best practitioners were intemperate. If they could be caught while sober, their advice was of the highest value. There is no occasion, in this age of soberness, for watching an opportunity to get medical advice from that class of physicians. In New England, there are a few drinking ones left—laudanum-taking men, perhaps, who vainly imagine that they are securely deceiving the world in regard to their habits, when the fact is, no one is in the dark but themselves.

How disgraceful—and, above all, what a fearful responsibility—to prescribe for the sick when muddled with liquor or stupefied with opium! The public have a vigilant eye on the remnant few of these semi-sober physicians, who must either conform to the requirements of reason and the temperance reformation, or go down in poverty and neglect to that low obscurity to which a moral community will certainly consign them.

Medicine to gain Favors.—Mr. Apthorp, located at the distant eastern station of Varney, at some distance from Ceylon, among other curious

things that have fallen under his observation, states that a young man suddenly died, who, it was strongly suspected, had been unintentionally killed by a Tamul, with drugs given to obtain his favors. He was well in the afternoon, and died in the evening. A few years ago, says Mr. Apthorp, a Tamul priest, of large property, died suddenly, and it was believed that his untimely end was in consequence of a love potion given him by a woman, which proved to be more powerful than she anticipated. While Mr. A. was from home, at Choracherry, Mrs. Apthorp was seized with violent indisposition—which he does not doubt had been given her for the same object. The belief in the efficacy of certain powerful drugs to secure personal favors, is very common where he resides.

There are people in this country, making pretensions to the elements of common-sense knowledge, who are not much behind the Tamul heathen in their belief on this point. Some very remarkable developments came out in one of the courts of law in Boston, a few years since, illustrative of the vulgar opinions and credulity of those who might have been presumed to have been brought up in a civilized and Christian country. The case was after this sort. A young man was prosecuted for administering to a young lady, of high respectability, certain drugs, to the complainant unknown, which made her sick. It was mixed in some cordial, we believe, at a confectioner's shop, in the course of an evening walk. It came out, on investigation, that the *unknown medicine* was some of two pulverized nutmegs which had been worn a considerable time in contact with the testes. The recipe for this exceedingly novel love philter, was purchased of a vile old man, who had been richly compensated, it was supposed, for this imposition and moral degradation—all under the specious cover of a medicine for gaining special favors, and the good will of all to whom it should be administered.

American Surgery in China.—Intelligence from the celestial empire assures us that Dr. Peter Parker—whose labors and bold operations were of an astounding character before his late visit to Boston—is more highly valued since his return, than before. All classes of Chinese crowd into the Hospital. No objection is made to the residence of Mrs. Parker amongst them. This is an extraordinary departure from the ancient and long-determined policy, that no foreign female should enter the country.

Cholera in India.—Advices, under date of Sept. 6th, state that the scourge of India, the Asiatic cholera, had raged very violently, and that more than half the population of Vadavitka, near a missionary station, had fled to the villages. Curious as it may appear, neither the missionaries, nor the assistants in their families, have suffered in any degree by it, although the natives died daily last season and this, at the rate of from fifteen to twenty a day, all around them. The awful disease evidently thrives poorly in a cleanly and orderly dwelling; and acts with rapid and destructive energy where filth abounds, personal cleanliness is neglected, and the habitual diet is exclusively a vegetable one.

Medical Prize Questions by the Connecticut Medical Society.—Resolved. That a prize of twenty dollars, or a gold medal of that value, be offered

for the best dissertation from any member of this Society, on some subject to be fixed upon by the Society as soon as the state of the Treasury will warrant it.

Resolved, That Silas Fuller, Eli Ives, and Jonathan Knight, be a committee to propose a prize question to members of this Society, and to award the prize.

The committee met at New Haven, and agreed to propose scarlet fever, for the prize dissertation. The dissertation must be written, and forwarded to the Chairman of the Committee, at Hartford, post paid, by the first of March, 1845. It must be sealed, and have on its cover some motto or device, accompanied by another sealed package, containing the name of the author, and on its cover a corresponding motto, or device, to that on the cover of the dissertation. The Committee will report the successful candidate to the convention of 1845, and award the prize specified in the resolve of 1843. The unsuccessful dissertations, *with their accompanying packages, unopened*, will be returned to any *post office* designated by the author on the cover of the *package or dissertation*.

Medical Miscellany.—A Medical Journal has been started at Montreal, but a specimen number has not yet been received here.—Dr. Samuel L. Metcalf, of Kentucky, has published a work on caloric, in London, that is making quite a sensation.—The London Lancet has come out in a new form, much enlarged, with the name of Henry Bennet, M.D., as associate editor.—At Lucca, there has been a scientific congress, a new epoch in Italy, made up mostly of physicians.—The faculty of physicians and surgeons of Glasgow, have a charter granted them by James VI., which empowers them to prevent any individual from practising in that city, or in the four adjoining counties, without their license.—Quackery, like sin, says an English writer, is very ancient. The income to government from the sale of quack medicines in England, in 1841, is supposed to have amounted to £50,000. Thus the Government, for the sake of revenue, tolerates just what the law declares to be unjust.—Dr. Wm. Gregory is considered a prominent candidate for the Edinburgh University chair of Chemistry, in the place of the late eminent Professor Hope. The election devolves on the Lord Provost and Town Council.—Sixteen cases of smallpox exist at Wheeling, Penn.—Hufeland's Practice of Physic has appeared in a second edition, at New York.—Dr. Paris has been chosen President of the Royal College of Physicians, in place of the late Sir Henry Hallford.—The Cooper prize, established by Sir Astley, of 300*l*. has been awarded this year to a Mr. Simon, for the best essay on the thymus gland.—Dr. Robert T. Barry has been appointed a surgeon in the U. S. Navy.—Twenty-seven medical students were graduated at Kemper College, St. Louis, the present season.

MARRIED,—J. T. G. Leach, M.D., of Lowell, to Miss A. S. Bartlett, of N. York.

DIED,—At New York, Andrew Buckam, M.D., 63.

Number of deaths in Boston for the week ending April 27, 41.—Males, 21; Females, 20. Stillborn, 3. Of consumption, 8—hernia, 1—inflammation of the bowels, 2—dropsy in the head, 4—infantile, 3—apoplexy, 2—lung fever, 4—suicide, 1—epilepsy, 1—scarlet fever, 4—croup, 1—dropsy on the brain, 2—fever, 1—disease of the heart, 1—erysipelas, 2—influenza, 1—teething, 1—old age, 1—dysentery, 1. Under 5 years, 17—between 5 and 20 years, 5—between 20 and 60 years, 14—over 60 years, 5.

Artificial Pupil made in the Superior Eyelid.—In a case of contraction of the orbicular muscle of the eyelid, which had resisted every remedy, even the twice-repeated section of the muscular fibres, M. Gerold resorted to the following operation, which he has been the first to propose and to execute. After introducing a small flat piece of wood, well oiled, underneath the superior eyelid, exactly opposite the pupil of the eye, he made a crucial incision, which completely divided the skin, the muscle, and the mucous membrane. The external skin was then dissected off the four flaps thus formed, and the mucous surface was turned outwards and fastened to the base of the flaps, so that the mucous membrane formed the circumference of the artificial opening. No accident supervened, and vision was restored; the patient wore spectacles as a precautionary measure.

Such intractable cases as the above are of very rare occurrence; still the operation of M. Gerold, which is a most ingenious one, is a valuable addition to science. It may likewise be resorted to in cases of partial or complete paralysis of the third pair, with prolapsus of the superior palpebra. The longitudinal section of the eyelid, which has been proposed in such cases, is evidently a much more objectionable operation; it interferes more with the contraction of the orbicular muscles, exposes a greater extent of the eye to the external atmosphere, and consequently renders the inflammation, which usually follows such exposure, as in paralysis of the seventh pair, much more probable.—*Annales Belges d'Oculistique*.

On Ligature of the Eyelids.—In chronic inflammation of the eyes, with relaxation of the superior eyelid, ulceration of the cornea, and incipient pannus, the success of this slight operation is often surprising. Often the day after it has been performed, the ulcerations are favorably modified, and the vascularity of the cornea and conjunctiva has disappeared. The same remark may be made with reference to other forms of chronic inflammation of the cornea, blepharoplegia, and blepharoptosis. This remedy alone is frequently sufficient to effect a cure. M. Ammon thus describes the operation:—A transversal fold is made in the upper eyelid, and the base of this fold is pierced, by means of a curved needle, with two threads of cotton. The extremities of this kind of seton are then fixed on the forehead by means of a piece of diachylon, the eyelid being sufficiently raised not to touch the globe of the eye. This *suspension* of the eyelid has a double influence. It acts as a derivative, or seton, on the one hand, and, on the other, preserves the eye from the contact of the inner surface of the eyelid, which is often granular, and occasions and keeps up the inflammation. There is only one objection to this operation, it may give rise to erysipelas of the eyelids.—*Idem*.

Guy's Hospital.—On Tuesday, March 5th, Mr. B. B. Cooper tied the external iliac in a man for femoral aneurism, situated directly below Poupert's ligament. Some difficulty arose from the man being so fat and muscular. The operation was completed in about ten minutes. The aneurism was a large one, and had three distinct enlargements, the smallest of which was situated directly under the crural arch; the ligature was applied high.—*London Lancet*.